

By: XY2

Block "Q" (Theory Paper) – Final Year MBBS

Mark Your Answers on the Bubble Sheet Provided – Follow the Instructions as shared in the group.

Q 1: A 35 Years old man presented with pain Epigastrium and vomiting for last three hours. Pain is severe and radiates to the back. He is smoker and obese. Investigation shows Gall stones in gallbladder on U.S. ALT: 50 U/L; S. amylase: 254 U/L. Diagnosis?  
 a. Acute Cholecystitis b. Peptic ulcer disease ☒ c. Acute Pancreatitis d. Gastric Carcinoma

Q 2: A fourth-year medical student came to E.R while she got prick with needle contaminated with HBsAg, +ve patient's blood. She has two doses of vaccine. What is the first investigation to do for the student?  
 a. HBsAg ☒ b. Anti HBs ☒ c. Quantitative HBV PCR d. LFT's e. Ultrasound abdomen  
*↳ knows infection* *↳ knows immunity*

Q 3: A 55 years old man presented with fatigue, jaundice and arthralgias for last six months. He has lost libido and having RBS: 210 mg/dl, T. Bil 3.0 mg/dl. On examination B.P 150/90 mmHg. Edema feet ++. What is the most likely diagnosis?  
 a. Congestive cardiac failure b. Diabetic Nephropathy c. Hemochromatosis d. Hypothyroidism e. Wilson's disease

Q 4: A young lady presented with pain in arms and legs for last six months. She has got 3 kids and is lactating. On examination there is no arthritis. She is having proximal muscle weakness with power 4/5 investigations show vitamin D: 10 ng/dl; S. Calcium: 8.0 mg/dl; Alk Phosphatase: 385 U/L; R.A factor: Negative; TSH: 2.0 CPK: Normal. What is most likely diagnosis?  
☒ a. Osteomalacia b. Osteoporosis c. Fibromyalgia d. Rickets e. Polymyositis

Q 5: A 30 years of age lady presented with polar, fatigue and dyspnoea. on Examination she is pale, inecteric and having no visceromegaly. Investigation shows; HB: 5.0 g/dl, WBC: 6000 /cm<sup>3</sup>, Platelets: 11000 /cm<sup>3</sup>, MCV: 102 fl, Retic Count: 0.5 %  
 What is the diagnosis?  
 a. Aplastic Anaemia b. Haemolytic Anaemia c. Malaria ☒ d. Megaloblastic Anaemia e. Leukemia

Q 6: A young lady 22 years old presented with abnormal behaviour, Numbness and weakness in right arm and is having mild jaundice since three months ultrasound shows Hepatomegaly. Lab shows T. Bil: 2.5 mg/dl; ALT: 85 U/L; Alk Phos: 110 U/L; viral profile: Negative. What is most likely diagnosis?  
 a. Autoimmune Hepatitis b. Hepatic encephalopathy c. Haemolytic Anaemia ☒ d. Wilson's Disease

Q 7: A 55 years old woman presents to the neurology clinic with complaints of rhythmic shaking of her hands at rest, which has been progressively worsening over the past several months. The tremors are more pronounced when she is not using her hands and subside during purposeful movements. On examination, a bilateral, fine, and resting tremor is noted, particularly affecting the hands. The patient denies any recent medication changes. What is the most likely diagnosis?  
 a. Cerebellar tremor b. Drug-induced tremor c. Essential tremor ☒ d. Parkinson's disease e. Wilson's disease

Q 8: A 28 years old female presents to OPD with a history of intermittent numbness and tingling in her extremities over the past six months. She reports episodes of blurred vision and double vision that seem to come and go. On examination, optic discs are pale, and the patient exhibits scanning speech. MRI of the brain reveals multiple periventricular lesions with characteristic gadolinium enhancement. What is the most likely diagnosis?  
☒ a. Acute disseminated encephalomyelitis b. Amyotrophic lateral sclerosis c. Guillain-Barré syndrome  
☒ d. Multiple sclerosis e. Myasthenia gravis

Q 9: A 38 years old male presents to the neurology clinic with a history of fluctuating muscle weakness, particularly in the ocular muscles. He reports that his symptoms worsen as the day progresses and improve with rest. On examination, there is evidence of ptosis and diplopia, especially after sustained upward gaze. The patient does not exhibit significant sensory deficits, and deep tendon reflexes are normal. What is the most likely diagnosis?  
 a. Amyotrophic lateral sclerosis b. Chronic inflammatory demyelinating polyneuropathy c. Guillain-Barré syndrome  
 d. Lambert-Eaton myasthenic syndrome ☒ e. Myasthenia gravis  
*↳ improves with use/affect base muscles*

Q 10: A 27 years old previously healthy male presents to the emergency department with a sudden onset of fever, severe headache, and altered mental status. On examination, he is disoriented and exhibits signs of meningeal irritation. Lumbar puncture reveals an elevated white blood cell count with a predominance of lymphocytes and an increased protein concentration. The cerebrospinal fluid (CSF) analysis also shows a normal glucose level. Brain imaging shows no focal lesions. What is the most likely diagnosis?  
 a. Bacterial meningitis b. Cerebral venous sinus thrombosis c. Neurosyphilis d. Tuberculous meningitis ☒ e. Viral encephalitis



Q 11: A 42 years old male is brought to the emergency department in a state of ongoing seizure activity that has persisted for more than 30 minutes. Despite administering a benzodiazepine, the patient is unresponsive and continues to experience generalized convulsions. What is the most appropriate drug for this patient?

- a. Gabapentin
- b. Lamotrigine
- ☒ c. Phosphenytoin
- d. Topiramate
- e. Zonisamide

Q 12: A 30 years old female presented with 2 months' history of headache with increasing severity. O/E her BMI is  $34 \text{ kg/m}^2$ , BP is 120/80 mm Hg. Neurological examination was normal except for bilateral swollen optic discs with loss of venous pulsation. Rest of systemic examination was normal. MRI brain was normal. What is the most likely diagnosis?

- ☒ a. Idiopathic (Benign) intracranial Hypertension
- b. Cluster headache
- c. Migraine
- d. Normal pressure hydrocephalus
- e. Tension type headache

Q 13: A 40-year-old man with a family history of progressive abnormal movements and personality changes seeks neurological evaluation. He reports involuntary, jerky movements affecting his limbs and face, accompanied by changes in memory, judgment, and reasoning. Clinical examination reveals irregular and unpredictable involuntary movements, along with psychiatric symptoms such as irritability and depression. The patient's father had a similar condition that progressed over time. What is the most appropriate diagnostic test for confirming the suspected diagnosis?

- a. Brain magnetic resonance imaging (MRI) with contrast
- b. Electromyography (EMG) to evaluate muscle activity
- ☒ c. Genetic testing for CAG repeat expansion in the HTT gene
- d. Lumbar puncture to assess cerebrospinal fluid proteins
- e. Serum creatine kinase levels

Q 14: A 68 years old man is brought to the emergency department with sudden-onset right-sided weakness, facial droop, and slurred speech that started 2 hours ago. On examination, there is right hemiparesis and hemifacial weakness, along with deviation of the tongue to the right. The patient's blood pressure is 160/90 mmHg, and the blood glucose level is within normal limits. Non-contrast CT Brain, done in emergency, was normal. What is the most appropriate immediate management for this patient?

- a. Emergent carotid endarterectomy
- b. High-dose aspirin therapy
- c. Intravenous phenytoin for seizure prophylaxis
- ☒ d. Intravenous tissue plasminogen activator (tPA) administration
- e. Lumbar puncture to evaluate for subarachnoid haemorrhage

Q 15: A 70 years old woman is brought to the geriatrics clinic by her family due to concerns about her memory and cognitive function. The family reports a gradual decline in her ability to perform daily activities and increasing forgetfulness. On examination, the patient exhibits difficulties with short-term memory, impaired judgment, and a decline in problem-solving skills. No focal neurological deficits are noted. What is the most likely diagnosis?

- ☒ a. Alzheimer's disease
- b. Vascular dementia
- c. Lewy body dementia
- d. Normal pressure hydrocephalus
- e. Delirium

*Short term → long term + Retained Social Graces*

Q 16: A 35 Years old man presented with pain upper abdomen and vomiting for last three hours. Pain was severe, stabbing in nature and radiated to the back. He was smoker and obese. Investigation revealed increased serum amylase and LDH with gallstone on ultrasound abdomen. He was diagnosed as suspected case of Acute pancreatitis. To apply modified Ranson criteria which of the following parameters should needs to be further investigated further?

- a. ALT, Random Blood Sugar, Blood full count
- b. ALT, Random Blood Sugar, serum lipase
- ☒ c. AST, Random Blood Sugar Blood full count
- d. AST, Random Blood Sugar, serum Lipase

*+ASE + LDH*

Q 17: A 38 years old man presented with pain in right hypochondrium, which aggravate after taking meals. The pain is non-radiating. Today he has started vomiting and fever. Total Bilirubin is 3.0 mg/dl, ALT: 56 U/L, and ALK phos: 356 U/L. Next investigation?

- a. C.T Abdomen
- b. CBC
- c. S. Amylase
- ☒ d. Ultrasound Abdomen
- e. X-Ray Erect abdomen

*CBD Dilation*

Q 18: A fourth-year medical student came to E.R while she got prick with needle contaminated with HBsAg, +ve patient's blood. She has two doses of vaccine. What investigation to do for the student?

- ☒ a. Anti HBs titres
- b. HBeAg
- c. HBsAg
- d. LFT's
- e. Quantitative HBV PCR

Q 19: A 60-year-old man with a history of chronic NSAID use presents to the emergency department with complaints of black, tarry stools for the past day. He denies any vomiting or abdominal pain. On examination, he is hemodynamically stable. What is the initial step in the management of this patient's upper gastrointestinal bleed?

- a. Immediate blood transfusion to maintain a haemoglobin level above 10 g/dL
- b. Emergent esophagogastroduodenoscopy (EGD) within 24 hours
- c. Intravenous proton pump inhibitors (PPIs)
- d. Administration of broad-spectrum antibiotics
- e. Surgical intervention to control bleeding

*melena*

Q 20: A 25-year-old male presents to the emergency department with a snake bite on his leg. On examination, there is mild swelling and erythema at the site of the bite. The patient is alert and oriented, with no signs of respiratory distress or shock. What is the appropriate grade of envenomation for this patient?

- a. Life-threatening
- ☒ b. Mild
- c. Moderate
- d. Severe



Q 21: A 45-year-old male presents to the emergency department with a snake bite on his arm. On examination, there is significant swelling and erythema at the site of the bite, and the patient is experiencing severe pain. The patient is tachycardic and hypotensive, with signs of respiratory distress. What is the appropriate grade of envenomation for this patient?

a. Life-threatening  
b. Mild  
c. Moderate  
d. Severe

Q 22: A 30-year-old female presents to the emergency department with a snake bite on her leg. On examination, there is significant swelling and erythema at the site of the bite, and the patient is experiencing severe pain. The patient is tachycardic and hypotensive, with signs of respiratory distress. What is the appropriate initial dose of antivenom for this patient?

a. 5 vials  
b. 8 vials  
c. 10 vials  
d. 15 vials

Q 23: A 28-year-old farmer is brought to the emergency department after accidental exposure to an organophosphorus pesticide. He presents with excessive salivation, lacrimation, urination, defecation, and muscle fasciculations. On examination, the patient is diaphoretic, with pinpoint pupils and generalized weakness. Which of the following medications is the most appropriate immediate treatment for this patient's condition?

a. Atropine only  
b. Diazepam with atropine  
c. Flumazenil  
d. Physostigmine  
e. Pralidoxime and atropine

Correct Answer: e) Pralidoxime and atropine

Q 24: A 35-year-old patient is brought to the emergency department with suspected poisoning. The patient is unconscious, and the accompanying friend is unsure about the ingested substance. Initial assessment reveals a patent airway, but the patient is hypoventilating. Vital signs show bradycardia and hypotension. Which of the following steps should be prioritized in the initial management of this poisoned patient?

a. Administer activated charcoal  
b. Administer atropine for bradycardia  
c. Perform gastric lavage  
d. Establish intravenous access and administer naloxone  
e. Obtain a detailed toxicology history from the friend

Correct Answer: d) Establish intravenous access and administer naloxone

Q 25: A 32 years old male presented with OCD to psychiatry OPD for the first time. Which of the following pharmacological options is the first option?

a. Benzodiazepines  
b. Atypical antipsychotics  
c. SSRIs  
d. Beta blockers  
e. Tricyclic anti depressants

Q 26: A 32 year old male with history of recent initiation of antipsychotic drugs presented to emergency with sudden sustained muscle spasm of neck muscles resulting in abnormal posturing of the head. Most likely cause of the symptoms;

a. Tardive dyskinesia  
b. Serotonin syndrome  
c. Neuroleptic malignant syndrome  
d. Acute dystonia  
e. Antipsychotic overdose

Q 27: A 35-year-old patient presents with persistent and excessive worry about having a serious medical condition, despite thorough medical evaluations consistently showing no evidence of such conditions. The patient often seeks reassurance from healthcare professionals and frequently visits various specialists. Which of the following is the most appropriate diagnostic criterion for hypochondriasis in this scenario?

a. Presence of physical symptoms without medical explanation  
b. Fear of having a serious medical condition based on misinterpretation of bodily symptoms  
c. History of multiple unexplained medical consultations  
d. Persistent belief in the presence of a specific serious illness despite medical reassurance  
e. Frequent use of online health forums for self-diagnosis and validation

Q 28: In a psychiatric evaluation a 17 year old female with significant weight loss, intense fear of weight gain and distorted body image. She admits restricting food intake and engaging in excessive exercise. She also experiences amenorrhea. Which of the following is MOST indicative of Anorexia nervosa?

a. Body mass index below 18.5  
b. Intense fear of gaining weight  
c. Excessive exercise  
d. Distorted body image  
e. Amenorrhea

Q 29: Sarah, a 23 year old college student presents with recurrent episodes of binge eating during which she consumes an excessive amount of food in a short period. Following these episodes she engages in inappropriate compensatory behaviors such as self induced vomiting and excessive exercise. Despite these behaviors she is deeply concerned about her body weight and shape. Sarah's weight is within normal limit. Which of the following best describes a characteristic symptom of bulimia nervosa?

a. Frequent episodes of restricting food intake leading to low body weight  
b. Episodes of binge eating followed by self induced vomiting  
c. Intense fear of gaining weight and distorted body image  
d. Excessive preoccupation with food, body weight and shape  
e. Use of laxatives and diuretics for weight control



Q 30: In a complex clinical scenario suggestive of Conversion Disorder, which diagnostic feature is most likely to be observed?

- a. Elevated inflammatory markers
- ☒ c. Inconsistencies between reported symptoms and objective clinical findings
- e. Presence of specific genetic markers associated with neurological disorders
- b. Positive findings on electroencephalogram (EEG)
- d. Abnormalities in cerebrospinal fluid (CSF) analysis

Q 31: A 28 year old man is playing tennis when he suddenly collapses and has a GCS of 4 when examined. What is the most likely cause?

- ☒ a. Intraventricular haemorrhage
- d. Chronic sub dural haematoma
- b. Acute sub dural hematoma
- e. Acute extra dural haematoma
- c. Sub arachnoid haemorrhage

Q 32: A 30 year old male is hit on the side of the head with a bat. He now presents to emergency department with odd behavior and complaining of a headache. Whilst waiting for a CT scan he becomes drowsy and unresponsive. What is the most likely underlying injury?

- a. Intra cerebral haematoma
- d. Intraventricular haemorrhage
- b. Sub dural hematoma
- e. Sub arachnoid haemorrhage
- ☒ c. Extra dural hematoma

Q 33: A 23 years old man was driving a car at high speed whilst intoxicated, he was wearing a seat belt. The car collides with a brick wall at around 140 km/hr. when he arrives in the emergency department he is comatose. His CT scan appears to be normal. He remains in a persistent vegetative state. What is the most likely underlying cause?

- a. Extra dural haemorrhage
- d. Intracerebral haemorrhage
- b. Sub dural haemorrhage
- ☒ e. Diffuse axonal injury
- c. Sub arachnoid haemorrhage

*cortex X  
Brain stem ✓  
Spine ✓*

Q 34: A 78 years old man is brought to the emergency department by the police. He is found wandering around the town centre and is confused. His family report that he is usually well apart from a simple mechanical fall 3 weeks previously from which he sustained no obvious injuries. What is the most likely underlying cause?

- a. Acute extra dural hematoma
- d. Intraventricular haemorrhage
- b. Chronic sub dural hematoma
- e. Acute sub dural hematoma
- c. Sub arachnoid haemorrhage

*Headache + Progressive  
Cognitive decline.*

Q 35: A 63-year-old woman is admitted to the hospital with severe abdominal pain of 3-hour duration. Abdominal examination reveals board-like rigidity, guarding, and rebound tenderness. Her blood pressure is 90/50 mm Hg, pulse 110 bpm (beats per minute), and respiratory rate is 30 breaths per minute. After a thorough history and physical, and initiation of fluid resuscitation, what diagnostic study should be performed?

- a. Supine abdominal x-rays
- d. Computerized axial tomography (CAT) scan of the abdomen
- b. Upright chest x-ray
- e. Abdominal sonogram
- c. Gastrograffin swallow

*Acute abdomen → +ve peritoneal signs.*

Q 36: A 79-year-old retired opera singer presents with dysphagia, which has become progressively worse during the last 5 years. He states that he is sometimes aware of a lump on the left side of his neck and that he hears gurgling sounds during swallowing. He sometimes regurgitates food during eating. What is the likely diagnosis?

- a. Carcinoma of the esophagus
- d. Zenker's (pharyngoesophageal) diverticulum
- b. Foreign body in the esophagus
- c. Plummer-Vinson (Kelly-Patterson) syndrome
- e. Scleroderma

Q 37: A 45-year-old man presents with a long history of heartburn, especially at night. He uses three pillows to sleep and has medicated himself with a variety of antacids over the past 15 years. Recently he has been complaining of dysphagia that he localized to the precordial area. Which is the most likely diagnosis?

- ☒ a. Adenocarcinoma of the esophagus
- d. Achalasia of the esophagus
- b. Angina pectoris
- c. Benign peptic stricture of the esophagus
- e. Lower esophageal ring (Schatzki's ring)

Q 38: An elderly nursing home patient is brought to the hospital with recent onset of colicky abdominal pain, distension and obstipation on examination, the abdomen is markedly distended and tympanitic. There is no marked tenderness. Plain abdominal x-ray shows a markedly distended loop located mainly in the right upper quadrant. The likely diagnosis is:

- a. Small-bowel obstruction
- d. Mesenteric vascular occlusion
- b. Large-bowel obstruction
- ☒ e. Sigmoid volvulus
- c. Gallstone ileus

Q 39: A 28-year-old man is admitted to the emergency department complaining of pain in the umbilical region that moves to the right iliac fossa. Which is a corroborative sign of acute appendicitis?

- ☒ a. Referred pain in the right side with pressure on the left (Rovsing) sign
- c. Relief of pain in lower abdomen with extension of thigh
- e. Hyper anesthesia in the right lower abdomen
- b. Increase of pain with testicular elevation
- d. Relief of pain in lower abdomen with internal rotation of right thigh

Q 40: A 24-year-old man with multiple injuries is receiving standard TPN. The following is true regarding glutamine.

- ☒ a. It is a major fuel for the brain
- d. It is synthesized de novo in the kidney
- b. It is an essential amino acid
- e. It is a component of TPN solutions
- c. It is a major fuel for the gut



Q 41: A 50-year-old man with small-bowel fistula has been receiving TPN for the previous 3 weeks through a single-lumen central venous catheter. He is scheduled for exploratory laparotomy and closure of fistula. On the morning of the day of surgery, TPN is discontinued and intra-venous infusion with balanced salt solution (Ringer's lactate) is started. An hour later, the patient is found to be anxious, sweating, and tachycardic. What is the most likely cause?

- a. Anxiety
- ☒ b. Hypoglycemia
- c. Hypovolemia
- d. Unexplained hemorrhage
- e. Hyperglycemia

Q 42: A morbidly obese patient is told that he qualifies for bariatric surgery. He is given several options. He chooses to undergo a gastric bypass procedure (GBP). Which of the following is TRUE?

- a. Malabsorptive jejunioileal bypass is a more effective operation with less complications
- b. Vertical banded gastroplasty is technically easier and more effective than gastric bypass surgery.
- c. Patients lose up to two-thirds of their excess weight.
- d. Gastrojejunal leakage rate is in excess of 20%.
- e. The gastric pouch capacity should be 100cc.

Q 43: A 67-year-old woman complains of paresthesias in the limbs. Examination shows loss of vibratory sense, positional sense, and sense of light touch in the lower limbs. She is found to have pernicious anemia. Endoscopy reveals an ulcer in the body of the stomach. What does she most likely have?

- ☒ a. Deficiency of Vit-B12
- b. Deficiency of Vit-K
- c. Deficiency of Vit-D
- d. Deficiency of Vit-E
- e. Deficiency of Vit-B3

Q 44: A 63-year-old man undergoes a partial gastrectomy with Billroth II reconstruction for intractable peptic ulcer disease. He presents several months postoperatively with a megaloblastic anemia. Which of the following is the best treatment for this surgical complication?

- a. Transfusion with 1 unit of packed red blood cells
- b. Oral iron supplementation
- c. Oral vitamin B12 supplementation
- ☒ d. Intravenous vitamin B12 (cyanocobalamin) supplementation
- e. Oral folate supplementation

Q 45: A 3 months old presents to OPD with failure to thrive. She was born full term and is on breast milk since birth. Her mother complains that she often takes out milk after every feed. She tried a formula feed but it didn't alleviate her issue. There is also history of associated cough, which gets severe sometimes. There is no history of fever or loose stools. Clinically she is slightly pale and weighs 3 kgs. Her abdomen is soft, non-distended and palpation is unremarkable. What is the most likely diagnosis?

- ☒ a. GERD
- b. Pyloric stenosis
- c. Inborn error of metabolism
- d. H type trachea esophageal fistula
- e. Pneumonia

Q 46: A 3 years old boy passed 18 loose stools in last 24hrs and vomited twice in last 4 hours. Stool is watery and does not contain any blood or mucus. There is no fever associated with it. Clinically he is irritable but is drinking fluids. What is the best management step according to IMCI?

- a. Intravenous fluids
- ☒ b. Oral rehydration therapy
- c. Intravenous fluid initially for 4 hrs followed by oral fluids
- d. Plain water
- e. Iv antibiotics and iv fluids

Q 47: A 4 years old child presents with recurrent abdominal pain and distention since the age of one year. There is also a history of loose stools off and on. Pain is mild and not localized. Mother also complains that he is not gaining weight adequately despite having good appetite. Weaning was started at one year of age. He has been to many GPs and received antispasmodics and antibiotics but with no improvement. Clinically he looks pale with distended abdomen and weighs 12 Kgs. What is the investigation of choice for this patient?

- ☒ a. Ant tissue transglutaminase antibodies (IgA)
- b. Stool routine examination for ova, cysts, trophozoites
- c. Sweat chloride test
- d. Stool for H. pylori Antigen
- e. CBC with peripheral smear

Q 48: A 5 months old presents with loose stools for 3 weeks. There was a history of fever initially for two days which settled after taking antipyretics. He is still receiving ORS. He is on formula feed. There is no associated vomiting. Stools are greenish, multiple times in a day and occur with each feed. They are watery and does not contain any blood or mucus. Clinically he is not dehydrated, has stable vitals. He also has developed rashes in the perianal areas and on the buttocks. What is the best management step?

- a. Administer metronidazole
- b. Oral third generation cephalosporin
- c. Iv fluids and iv third generation
- d. Lactose free formula
- ☒ e. Avoid wheat, rye and barley

Q 49: A 4 years old presents to OPD as a follow up case of celiac disease. He is on gluten free diet and has improved remarkably since then. He has shown weight gain as well. His antibodies level has also decreased. He is also accompanied by his cousin. Screening of his cousin for celiac disease reveals raised levels of ant tissue transglutaminase antibodies (IgA) but clinically he is thriving well and there is no chronic history of loose stools as well. His small bowel biopsy reveals damaged mucosa. What should his cousin be clinically labeled as?

- a. Latent celiac
- b. Potential celiac
- ☒ c. Silent celiac
- d. Overt celiac
- e. Refractory celiac

Q 50: A 2.5 months' old presents with jaundice since birth. He was born full term, SVD with immediate cry and is breast fed. He passes stool twice a day which are clay colored and urine is yellow. There is no history of loose stools, fever or vomiting. Clinically he is jaundiced with distended abdomen, and liver is palpable 4 cm below costal margin. There is no edema feet. What is the most likely diagnosis?

- a. Congenital hypothyroidism
- ☒ b. Biliary atresia
- c. TORCH infections
- d. Alpha 1 antitrypsin deficiency
- e. Idiopathic neonatal hepatitis



Q 51: A five years old girl has been brought to OPD by her mother for frequent inattentiveness episodes in a day. The episodes started two weeks ago before which she was well. Her growth and development history is unremarkable. There is no associated fever or headache. During a typical episode she gets a blank face, and she would stop writing, with pen falling from her hand and head tilting forward but after few seconds she would be working normally. What is the most likely diagnosis?

- a. Absence seizures
- b. Breath holding spells
- c. Space occupying lesion
- d. Benign partial epilepsy with Centrotemporal spike(BPEC)
- e. Focal seizures with impaired awareness

Q 52: A 4 years old child presents to ER with 5 days' history of fever. There is also history of rhinorrhea and mild cough. Fever was initially low grade but for 2 days it has increased in intensity. He has received antipyretics and oral antibiotics only. Since morning he had two episode of generalized tonic clonic seizure with altered consciousness. What is the most likely diagnosis?

- a. Febrile fits
- b. Meningitis
- c. Tuberculous meningitis
- d. Epilepsy
- e. Pseudo seizures

Q 53: A 7-month infant has been brought to OPD with the complaint of increasing head size for the past 2 months. He was born full term and was on formula feed. He had head holding at three months and showed normal mile stones till the age of 4 months. Past history also reveals an episode of hospitalization for 7 days at the age of 5 months for fever and fits. He was only vaccinated at birth and family history is unremarkable. What is the most likely diagnosis?

- a. Tuberculous meningitis
- b. Acquired hydrocephalus
- c. Congenital hydrocephalus
- d. Inborn error of metabolism
- e. TORCH infection

Q 54: A newborn is brought from a distant village to a tertiary care OPD. He was born full term and had immediate cry. His mother did not have any antenatal visits to an obstetrician and hence was not vaccinated. Clinically neonate is pink and having good perfusion. He is taking feed. His back examination reveals a lump in lumbosacral region and lower limbs feet are deformed. His mother previous sib also had similar condition. What is the most likely diagnosis?

- a. Spina bifida occulta
- b. Myelomeningocele
- c. Tethered cord
- d. Chiari malformation type II
- e. Dandy walker syndrome

Q 55: A 5 years old has been brought to ER with generalized tonic clonic fit that stopped after administering him diazepam. There is no history of fever, cough or loose stools. He had a similar episode about a week ago that lasted for 5 minutes and was not associated with fever. Past history reveals child was born full term and had normal developmental mile stones. At the age of 8 months he was hospitalized for pneumonia and has an episode of fit with fever as well. Clinical examination is unremarkable. What should be the right course of action for this patient?

- a. Admit the patient and start iv broad spectrum antibiotics
- b. Do MRI brain to rule out any structural abnormality
- c. Start an anti-epileptic therapy
- d. Counsel the patient that it is benign and no treatment is required
- e. Refer the patient to neurologist

Q 56: A 14 months old has been brought to OPD for 2 days' history of low grade fever, cough and runny nose. He has been given paracetamol only. He was born full term and breastfed since birth. Mother started giving her biscuits, custard and green tea at 11 months. Clinically child looks pale and puffy. He is irritable. Chest auscultation reveals scattered rhonchi. There is also bilateral edema feet, and he weighs 7.5 Kgs. What is the most likely diagnosis?

- a. Nephrotic syndrome
- b. Severe malnutrition
- c. Malabsorption syndrome
- d. Cystic fibrosis
- e. Rickets

Q 57: A 5 years old child has presented with pain in both knees and ankle joints for 2 days. There is also an accompanying rash on the body which was initially presents on both feet but now has involved legs and buttocks. She has remained afebrile. There is also some puffiness around the periorbital areas. Since last night she has developed abdominal pain which is severe. Stool for occult blood is positive. What is the most likely diagnosis?

- a. Acute Rheumatic fever
- b. Juvenile idiopathic arthritis
- c. Systemic lupus erythematosus
- d. Henoch-schonlien purpura
- e. Staphylococcus scalded skin syndrome

Q 58: A 14-year-old adolescent is brought to the neurology clinic by their parents due to a gradual onset of muscle weakness in the legs and feet. The parents note that the child has always been clumsy and frequently trips or falls while walking or running. On examination, the neurologist observes bilateral foot drop, high-arched feet (pes cavus), and weakness in the lower leg muscles. There is also mild wasting of the muscles in the lower limbs. The family history reveals that the child's maternal grandfather had similar symptoms and difficulties with walking during his late adulthood. What is the likely condition?

- a. Duchenne muscular dystrophy
- b. Becker muscular dystrophy
- c. Charcot-Marie-Tooth disease
- d. Amyotrophic lateral sclerosis (ALS)
- e. Spinal muscular atrophy

Q 59: A 25 yrs old Primi gravida at 07 weeks gestation presenting with severe nausea and vomiting. She reports inability to swallow saliva and is compelled to spit saliva repeatedly. This is called?

- a. Hypernatraemia
- b. Hypersalivation
- c. Goitre
- d. Ptyalism
- e. Hyper emesis gravidarum

Q 60: A 25 year old primi gravida at 06 weeks gestation is admitted with Hyper-emesis-gravidarum. She is having severe nausea and vomiting accompanied by weight loss. Her thyroid function test shows raised T4 and low TSH. Select the most likely cause of her deranged TFT

- a. Chronic hypothyroidism
- b. Acute hyper thyroidism
- c. Secondary to hyper emesis
- d. Illicit abuse of thyroxine
- e. Secondary to wernick's encephalopathy